

NUTRITION PROGRAM

**STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
MOTOR FUEL SECTION**
25 Sigourney Street, Hartford CT 06106-5032

DIESEL CLAIM FOR REFUND

INSTRUCTIONS

1. See reverse side for general instructions and information.
2. Mail original to the Department of Revenue Services at the above address.
3. **REFUND CLAIMS MUST BE FILED BY MAY 31, 1999** for purchases made during calendar year 1998.

CT Tax Registration Number / Social Security Number		Telephone Number ()		FOR DEPARTMENT USE ONLY	Audit Number
Name of Claimant <i>(Please type or print)</i>				Claim Number	
Number and Street				Refund Gallons	
City or Town		State	ZIP+4	Refund Tax \$	
Type of Business		Location of Records <i>(if different from above)</i>		Reviewed By	Date
Prior Claim Filed for Period Ending / /	Period of Claim From To		Approved By		Date

Motor Fuel Purchased[illegible]

Total Number of Gallons Purchased

C O M P U T A T I O N	1. Total operating miles for period	
	2. Total number of gallons for period	
	3. Average miles per gallon (Divide Line 1 by Line 2)	
	4. Total Connecticut miles in delivery vehicles that are used exclusively for the delivery of meals to senior citizens	
	5. Refund gallons (Divide Line 4 by Line 3)	
	6. Tax refund (Multiply Line 5 by 18¢ per gallon)	\$

I DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT I HAVE EXAMINED THIS CLAIM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, COMPLETE AND CORRECT.

Signature	Title	Date
Print Name		

GENERAL INSTRUCTIONS AND INFORMATION

Your motor vehicle fuels tax refund claim on fuel purchased during the preceding calendar year must:

- (1) be filed with the Department of Revenue Services on or before the last day of May; **AND**
- (2) involve at least 200 gallons of fuel.

Please provide a telephone number where we can reach you.

In order to expedite the processing of your claim, please indicate your Connecticut tax registration number or social security number in the space provided.

You must attach the original (or a photocopy) of each numbered slip or invoice that was issued to you at the time of each purchase of fuel reported on Line 2. The slip or invoice must indicate the date of purchase, the name and address of the seller (which must be printed or rubber stamped on the slip or invoice), the name and address of the purchaser (which must be the name and address of the person or entity filing the claim for refund), the number of gallons of fuel being purchased and the price per gallon.

You must attach a copy of your contract with your local Area Agency on Aging as evidence of your eligibility to provide Title III-C meals to senior citizens.

You must maintain records that substantiate your refund claim for at least three years following the filing of the claim and make them available to the Department of Revenue service upon request.

If you need information or assistance, please call the Excise/Public Services Taxes Unit at 860-541-3225, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

YOUR REFUND WILL BE APPLIED AGAINST ANY OUTSTANDING DEPARTMENT OF REVENUE SERVICES TAX LIABILITY.